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3. (Twice Amended) The method according to claim 1, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by subcutaneous administration.

4. (Amended) The method according to claim 1, wherein the step of administering further comprises disposing a pellet containing the testosterone or its pharmaceutically acceptable salts, esters and amides into the subject.

5. (Amended) The method according to claim 1, wherein the step of administering further comprises applying a transdermal gel containing the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject.

6. (Twice Amended) The method according to claim 1, wherein the dosage of the testosterone or its pharmaceutically acceptable salts, esters and amides ranges from approximately 15 mg to 40 mg per day.

7. (Amended) The method according to claim 1, wherein the testosterone is selected from the group consisting of testosterone enanthate, testosterone proprionate, testosterone cyprionate, nandrolone phenproprionate and decanoate, methyl-testosterone, fluoxymesterone, oxymetholone, methandrostenolone methandriol, norethandrolone, stanozol, dihydrotestosterone and combinations thereof.

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8. (Twice Amended) A method for treating elevated serum levels of insulin in a subject comprising the steps of:

(a) identifying a human subject exhibiting elevated serum levels of insulin;

(b) selecting the subject based on a predetermined testosterone ratio test; and

(c) administering a pharmacologically effective amount of testosterone or its pharmaceutically acceptable salts, esters and amides to the subject to control the elevated serum levels of insulin.

9. (Twice Amended) The method according to claim 8, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by intramuscular administration.

10. (Twice Amended) The method according to claim 8, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by subcutaneous administration.

11. (Amended) The method according to claim 8, wherein the step of administering further comprises disposing a pellet containing the testosterone or its pharmaceutically acceptable salts, esters and amides into the subject.

12. (Amended) The method according to claim 8, wherein the step of administering further comprises applying a transdermal gel containing the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject.

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13. (Amended) The method according to claim 8, wherein the dosage of the testosterone or its pharmaceutically acceptable salts, esters and amides ranges from approximately 15 mg to 40 mg per day.

14. (Amended) The method according to claim 8, wherein the testosterone is selected from the group consisting of testosterone enanthate, testosterone proprionate, testosterone cyprionate, nandrolone phenproprionate and decanoate, methyl-testosterone, fluoxymesterone, oxymetholone, methandrostenolone methandriol, norethandrolone, stanozol, dihydrotestosterone, and combinations thereof.

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30. (Twice Amended) A method for lowering the hemoglobin A1C concentration in a subject comprising the steps of:

(a) identifying a human subject exhibiting abnormal hemoglobin A1C concentrations;

(b) selecting the subject based on a predetermined testosterone ratio test; and

(c) administering a pharmacologically effective amount of testosterone or its pharmaceutically acceptable salts, esters and amides to control the abnormal hemoglobin A1C concentration.

31. (Twice Amended) The method according to claim 30, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by intramuscular administration.

32. (Twice Amended) The method according to claim 30, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by subcutaneous administration.

33. (Amended) The method according to claim 30, wherein the step of administering further comprises disposing a pellet containing the testosterone or its pharmaceutically acceptable salts, esters and amides into the subject.

34. (Amended) The method according to claim 30, wherein the step of administering further comprises applying a transdermal gel containing the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject.

35. (Twice Amended) The method according to claim 30, wherein the dosage of the testosterone or its pharmaceutically acceptable salts, esters and amides ranges from approximately 15 mg to 40 mg per day.

36. (Amended) The method according to claim 30 wherein the testosterone is selected from the group consisting of testosterone enanthate, testosterone proprionate, testosterone cyprionate, nandrolone phenproprionate and decanoate, methyl-testosterone, fluoxymesterone, oxymetholone, methandrostenolone methandriol, norethandrolone, stanozol, dihydrotestosterone, and combinations thereof.

37. (Twice Amended) A method for treating Syndrome X in a subject comprising the steps of:

(a) identifying a human subject exhibiting Syndrome X;

(b) selecting the subject based on a predetermined testosterone ratio test; and

(c) administering a pharmacologically effective amount of testosterone or its pharmaceutically acceptable salts, esters and amides to the subject to control the Syndrome X.

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38. (Twice Amended) The method according to claim 37, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by intramuscular administration.

39. (Twice Amended) The method according to claim 37, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by subcutaneous administration.

40. (Amended) The method according to claim 37, wherein the step of administering further comprises disposing a pellet containing the testosterone or its pharmaceutically acceptable salts, esters and amides into the subject.

41. (Amended) The method according to claim 37, wherein the step of administering further comprises applying a transdermal gel containing the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject.

42. (Twice Amended) The method according to claim 37, wherein the dosage of the testosterone or its pharmaceutically acceptable salts, esters and amides ranges from approximately 15 mg to 40 mg per day.

43. (Amended) The method according to claim 37, wherein the testosterone is selected from the group consisting of testosterone enanthate, testosterone proprionate, testosterone cyprionate, nandrolone phenproprionate and decanoate, methyl-testosterone, fluoxymesterone,

oxymetholone, methandrostenolone methandriol, norethandrolone, stanozol, dihydrotestosterone, and combinations thereof.

44. (Twice Amended) A method for treating insulin resistance in a subject comprising the steps of:

(a) obtaining a serum sample from a human subject;

(b) assaying the serum sample to determine both the concentration of total testosterone and the concentration of sex hormone binding globulin (SHBG) present in the sample;

(c) calculating the ratio of the concentration of total testosterone to the concentration of SHBG in the sample; and

(d) administering a pharmacologically effective amount of testosterone or its pharmaceutically acceptable salts, esters, and amides to the subject if the ratio of the concentration of total testosterone to the concentration of SHBG globulin in a male subject is less than approximately 0.5 and for a female subject is approximately 0.06 and greater.

45. (Amended) The method according to claim 44, wherein the testosterone is selected from the group consisting of testosterone enanthate, testosterone proprionate, testosterone cyprionate, nandrolone phenproprionate and decanoate, methyl-testosterone, fluoxymesterone, oxymetholone, methandrostenolone methandriol, norethandrolone, stanozol, dihydrotestosterone, and combinations thereof.

46. (Twice Amended) The method according to claim 44, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by intramuscular administration.

47. (Twice Amended) The method according to claim 44, wherein the step of administering further comprises administering the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject by subcutaneous administration.

48. (Amended) The method according to claim 44, wherein the step of administering further comprises disposing a pellet containing the testosterone or its pharmaceutically acceptable salts, esters and amides into the subject.

49. (Amended) The method according to claim 44, wherein the step of administering further comprises applying a transdermal gel containing the testosterone or its pharmaceutically acceptable salts, esters and amides to the subject.

50. (Twice Amended) The method according to claim 44, wherein the dosage of the testosterone or its pharmaceutically acceptable salts, esters and amides ranges from approximately 15 mg to 40 mg per day.

REMARKS

In response to the Final Office Action, the applicant hereby makes the following response. The application was filed on 24 Nov. 1998 and included claims 1-50, of which claims 1,8,15,20,25,30,37, and 44 are independent. Claims 15-29 were divided out without prejudice on 26 June 2000, for a later divisional application, if necessary. Accordingly, claims 1-14 and claims 30-50 remain pending for prosecution with claims 1, 8, 30, 37 and 44 being independent.